Dr BPC Peiris' Practice

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr BPC Peiris' Practice on 12 April 2016. Overall the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Reviews and investigations were thorough and patients always received an apology.
- Risks to patients were assessed but not always well managed. This was in relation to risks which had not been addressed from a fire risk assessment, failure to conduct a risk assessment for the control of substances hazardous to health, and recruitment procedures which were not robust.
- A non-clinical member of staff informed us they updated medical records for patients who had received vaccinations in instances where nurses had failed to, and without specific instructions from the nurse. The practice had not put any systems in place to prevent this from happening again.
- A GP did not document instances where patients had declined a chaperone.
- Data showed patient outcomes were comparable to or below national averages.
- We saw evidence that audits were driving improvements to patient outcomes.
- All of patients we spoke with said they were treated with compassion, dignity and respect; they felt cared for, supported and listened to.
- Information about services was available but there was no information on avenues of support available to carers.
- Patients reported that although urgent appointments were usually available the same day, they had faced difficulties getting pre-bookable appointments.
- The practice had a number of policies and procedures to govern activity, but there was no policy for safeguarding adults.

Summary of findings

- There was a clear leadership structure and staff felt supported by management but not all of them felt their views were valued.
- The practice proactively sought feedback from patients, which it acted on.
- Governance arrangements were not effective enough to support the practice's vision to provide high quality care.

The areas where the provider must make improvements are:

- Ensure clinical staff maintain a contemporaneous record of the care and treatment provided to every service user, and implement processes to investigate any instance where this does not occur.
- Ensure all risks from the fire risk assessment are addressed, and there is a process for reviewing the risk assessment at appropriate intervals; ensure fire alarm systems are tested regularly and these tests are documented.
- Ensure recruitment arrangements include all necessary employment checks for all staff.

In addition the provider should:

- Ensure there is a defibrillator available, or a risk assessment which adequately mitigates the need to have one.
- Improve processes in place for monitoring vaccines fridge temperatures.
- Ensure all clinical staff make a record of instances where patients decline to have a chaperone present during consultations or procedures.
- Ensure there is a policy and named lead for safeguarding adults.
- Review performance for diabetes related indicators, and for exception reporting, and make improvements.
- Ensure a sharps injury protocol is displayed in consulting and treatment rooms.
- Ensure the business continuity plan is sufficiently comprehensive.
- Ensure appraisals are completed annually and appraisal forms are completed appropriately.
- Consider including safeguarding, infection control, and fire safety to the induction process for new staff.
- Improve access to appointments for patients, and ensure translation services are advertised in a format patients can understand.
- Improve the system for identifying carers, and ensure there is sufficient written information available to support carers on the patient list.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong, reviews and investigations were thorough and lessons learned were communicated widely to support improvement. Patients received verbal and written apologies.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Risks identified from a fire risk assessment in 2010 had not been addressed, and the assessment had not been repeated since. Staff had not received regular fire safety training, and fire alarms were not tested regularly.
- The practice had not conducted a risk assessment for the control of substances hazardous to health.
- Recruitment processes were not robust; there were no documented references in place for two recently recruited members of staff.
- The practice did not have a defibrillator or available on the premises. A risk assessment they had conducted did not adequately mitigate the need for this equipment.
- We were not provided with evidence of safeguarding adults training for all staff, and there was no lead in place for safeguarding adults.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average for mental health indicators, and below national averages for diabetes related indicators.
- Exception reporting was significantly above the national average in relation to atrial fibrillation (a heart condition) and dementia.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff but these had not been conducted since 2014 and appraisal forms had not always been completed appropriately.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice above others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible, with the exception of translation services which was not advertised.
- During the inspection, we saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice had reviewed the needs of its local population and it had put in place a plan to secure improvements for all of the areas identified.
- Patients we spoke with reported that although urgent appointments were usually available the same day, they had faced difficulties getting pre-bookable appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs, with the exception of the absence of a defibrillator for use in medical emergencies, and the absence of an emergency pull cord in the disabled toilet.
- Patients could get information about how to complain in a format they could understand, and there was evidence that learning from complaints had been shared with staff.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led.

- The practice had a vision to deliver high quality care. All staff were aware of this and of their responsibilities in relation to it, but governance arrangements were not robust enough to support it.

Summary of findings

- Risks and issues had not always been appropriately addressed.
- Staff were not always aware of their roles and responsibilities; a non-clinical staff member updated records where nurses had failed to. They did this without specific instructions from nurses and these instances had not been investigated.
- There was a documented leadership structure. Staff felt supported by management but some did not feel their views were valued.
- The practice had a number of policies and procedures to govern activity, but there was no policy in place for safeguarding adults.
- All staff had received inductions up to 2014 but not all staff had received regular performance reviews.
- Staff attended regular meetings, but clinical meetings were not documented.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Requires improvement

The practice is rated as requires improvement overall. The issues identified affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered a daily in-house phlebotomy service which could be used by anyone, including older patients who struggled to reach the local hospital.

People with long term conditions

Requires improvement

The practice is rated as requires improvement overall. The issues identified affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was below average in all areas in 2014/2015, but had improved in most areas in 2015/2016. For example, in 2014/2015, 62% of patients with diabetes had well-controlled blood sugar levels (national average 78%). This had increased to 74% in 2015/2016. However, performance remained below average in relation to patients with diabetes who had received a foot examination and risk classification, those who had well controlled blood pressure control and those who had received the annual flu vaccine.
- Longer appointments and home visits were available when needed.
- All of these patients had a named GP and most had received a structured annual review to check their health and medicines needs were being met.
- 65% of patients with asthma had an asthma review in the previous 12 months. This was below the national average of 75%.
- 88% of patients with chronic obstructive pulmonary disease had a review of their care in the previous 12 months. This was in line with the national average of 90%.

Summary of findings

- For those patients with the most complex needs, the named GP worked with relevant health and care professionals on an ad-hoc informal basis to deliver a multi-disciplinary package of care.

Families, children and young people

Requires improvement

The practice is rated as requires improvement overall. The issues identified affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- 81% of women aged 25-64 years had a cervical screening test in the previous five years. This was in line with the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement overall. The issues identified affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Health promotion advice was offered and there was accessible health promotion material available throughout the practice.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement overall. The issues identified affected all patients including this population group. There were, however, examples of good practice.

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement 

The practice is rated as requires improvement overall. The issues identified affected all patients including this population group. There were, however, examples of good practice.

- 89% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan in their record. This was comparable to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January showed the practice was performing in line with local and national averages. Three hundred and twenty-four survey forms were distributed and 104 were returned. This represented approximately 4% of the practice's patient list.

- 68% found it easy to get through to this surgery by phone compared to a CCG average of 73% and a national average of 73%.
- 65% were able to get an appointment to see or speak to someone the last time they tried (CCG average 71%, national average 76%).
- 76% described the overall experience of their GP surgery as fairly good or very good (CCG average 81%, national average 85%).
- 65% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards which were positive about the standard of care received. There were four comments about difficulties getting appointments. The majority of patients commented that they found the premises clean and hygienic, and they felt staff were helpful.

We spoke with 11 patients during the inspection. All 11 patients said they were happy with the care they received and thought staff were approachable, polite, and caring.

Results from the practice's friends and family survey showed that 64% of 42 respondents were likely or extremely likely to recommend the practice to a friend or family member. 29% were unlikely or extremely unlikely to do so, and 7% were neither likely nor unlikely to do so.

Dr BPC Peiris' Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and an Expert by Experience.

Background to Dr BPC Peiris' Practice

The practice operates from one site in Eltham, London. It is one of 42 GP practices in the Greenwich Clinical Commissioning Group (CCG) area. There are approximately 2,900 patients registered at the practice. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, treatment of disease, disorder or injury, and surgical procedures.

The practice has a personal medical services (PMS) contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include dementia, influenza and pneumococcal immunisations, learning disabilities, minor surgery, online access, patient participation, risk profiling and case management, rotavirus and shingles immunisation, and unplanned admissions.

The practice has an above average population of patients aged 20-29 years, 45-49 years, and 65-84 years. Income deprivation levels affecting children and adults registered at the practice are above the national average.

The clinical team includes three female partners, one of whom is on maternity leave, and a male locum GP. There is a female salaried practice nurse and a female locum practice nurse. The GPs provide a total of 17 sessions per week. The clinical team is supported by a practice manager, an assistant practice manager and five reception/ administrative staff.

The practice is open from 8.00am to 6.30pm Monday to Friday, and is closed on bank holidays and weekends. Appointments with GPs are available from 9.00am to 11.00am, and 4.30pm to 6.00pm Monday to Friday, and extended hours are available from 6.30pm to 8.00pm on Tuesdays. Appointments with the nurse are available between 9.00am and 5.00pm Monday to Friday.

There are two consulting rooms and a treatment room on the ground floor, and one consulting room on the first floor. There is on-street restricted car parking and disabled parking available. The practice has wheelchair access but there are no baby changing facilities, and there is no lift to the first floor.

The practice has opted out of providing out-of-hours (OOH) services and directs patients needing urgent care out of normal hours to contact a local contracted OOH provider which is based at the Queen Elizabeth Hospital.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 April 2016. During our visit we:

- Spoke with a range of staff including the GPs, practice manager and assistant practice manager, the practice nurse, and non-clinical staff.
- Spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a power shortage while the practice was closed, vaccines in the fridge were immediately disposed of to ensure patients' safety. A back-up fridge was installed, the shortage was investigated and the event was discussed with all practice staff at a subsequent meeting.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The safeguarding children policy clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare, but there was no policy for safeguarding adults. There was a lead member of staff for safeguarding children, but there was no such lead in place for adults. The GPs told us they were unable to attend safeguarding meetings as they were held in surgery hours, but they always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and most had received safeguarding children training relevant to their role. We requested, but were not given, evidence of this training for a non-clinical member of staff; the practice manager informed us this member of staff would receive the training within six weeks of the inspection. We also requested, but were not given, evidence of adult safeguarding training for any staff members. Of the training certificates we were provided, GPs were trained in safeguarding children to level 3, nurses were trained to level 2 and non-clinical staff were trained to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). A GP told us they did not record instances where patients had declined a chaperone.
- The practice maintained appropriate standards of cleanliness and hygiene but they did not display the sharps injury protocol in consulting and treatment rooms. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and there was evidence of infection control and prevention training for all staff except a GP; the practice manager informed us the GP had received this training informally during their induction, but they did not provide any evidence to demonstrate this. They told us formal training would be received by the GP within six weeks of the inspection. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for obtaining, prescribing, recording, handling and storing medicines in the practice (including emergency medicines and vaccines) keep patients safe, with the exception of vaccines

management. Although there were two named people responsible for monitoring medicines, vaccines in a fridge had not been checked on four dates in March 2016, and various dates in January and February 2016. Vaccines fridges did not have second thermometers independent of the mains power supply, to ensure fridge temperatures were accurate.

- Emergency medicines and prescription pads were securely stored and there were systems in place to monitor their use. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions that provide a legal framework that allows some registered health professionals to supply and/or administer a specified medicine(s) to a pre-defined group of patients, without them having to see a doctor).
- Recruitment checks included proof of identification, references, qualifications, registration with the appropriate professional body and DBS checks. We reviewed two files of personnel that had been recently recruited, and found appropriate recruitment checks had not been undertaken prior to employment. For example, there were no documented references in place for a nurse and a receptionist. The practice manager informed us they had sought a verbal reference for the receptionist but they had not documented the conversation. The practice manager sent us two written references for both of these members of staff, which they had sought shortly after our inspection.

Monitoring risks to patients

Risks to patients were not well assessed or well managed in all areas.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The practice did not have an up to date fire risk assessment. The last fire risk assessment was conducted in 2010 and had not been updated since. The practice had addressed most of the risks identified, but there were some which had not been actioned, such as fitting a self-closer, sealing a hole on a fire door, and ensuring the fire door fully closed. The practice did not carry out regular fire drills to ensure staff were updated on the fire evacuation procedure, and they did not conduct regular tests of the fire alarms to ensure they were in good working order. We requested, but were not given, evidence that staff received regular fire safety training, as recommended in the fire risk assessment. However, the practice manager provided evidence of this training, which had been completed by staff after the inspection.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as asbestos, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings. Asbestos is a fibrous silicate mineral used in building materials, which can cause serious diseases if inhaled). It did not have a risk assessment for the control of substances hazardous to health.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents.

- There was oxygen available with adult and children's masks. A first aid kit and accident book were available. The practice did not have a defibrillator available on the premises. A risk assessment they had conducted did not adequately mitigate the need for this equipment.
- The practice had a business continuity plan in place for major incidents such as power failure or building

damage, but a GP was not aware of it. It did not contain contact numbers for the relevant contractors, or emergency contact numbers for staff; the practice kept this information in a separate file and told us they were in the process of adding it to the business continuity plan.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. There was no emergency pull cord in the disabled toilet to alert staff to an emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 84.9% of the total number of points available.

The practice's exception reporting rates were significantly above average in the following areas (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects):

- Atrial fibrillation; 32% exception reporting (national average 11%).
- Dementia; 14% exception reporting (national average 8%).

We raised this with the GPs, who informed us they were aware of the high exception rate for atrial fibrillation and had carried out an audit in 2015 which revealed that many of their patients were refusing anticoagulant medicine in spite of being informed of its benefits and disadvantages. They told us they had found that patients with atrial fibrillation had preferred a different form of anticoagulant medicine and that they had begun routinely referring patients to secondary care for this, which they said would have a positive impact on reducing their exception reporting rate.

The GPs informed us their exception rate for dementia had improved for the year 2015/2016 but they did not provide us with any figures to corroborate this.

Data from 2014/2015 showed:

- Performance for diabetes related indicators was below national averages. In the previous 12 months;

  54% of patients with diabetes had a foot exam with a risk classification (national average 88%). The practice demonstrated that this had increased to 75% in 2015/2016.

  60% of patients with diabetes had well-controlled blood pressure (national average 78%). The practice demonstrated that this had decreased to 53% in 2015/2016, although this data had not been published.

  62% of patients with diabetes had well-controlled blood sugar levels (national average 78%). The practice demonstrated that this had increased to 74% in 2015/2016.

  79% of patients with diabetes received the annual flu vaccine (national average 94%). The practice demonstrated that this had increased to 80% in 2015/2016.

  We raised the areas of low performance with the practice. They told us they had begun a long term conditions contract as part of the Eltham GP Practice Network. The contract included improving prevalence and outcomes for patients with diabetes. They also participated in Greenwich clinical commissioning group's (CCG's) Year of Care scheme in September 2015 which focused on improving the management of patients with diabetes, amongst other long-term conditions. At the time of our inspection, the practice had yet to analyse the impact of the scheme on patients' outcomes, but they planned to do so at the end of the scheme.

- Performance for mental health related indicators was comparable to the national average. In the previous 12

months. 89% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan in their record (national average 88%).

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years. Four of these were completed two cycle audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, following an audit conducted in 2014 on the use of inhaled triple therapy in patients with chronic obstructive pulmonary disease (COPD), the initial audit identified that 9% of patients audited were not using the appropriate therapy. A re-audit conducted in 2015 showed only 4% of patients were not taking the appropriate therapy, which was a 61% improvement from the previous year.
- The assistant practice manager regularly participated in benchmarking to assess how the practice was performing in comparison to the locality and nationally. The practice also participated in local audits but they did not participate in accreditation, peer review or research.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as health and safety and confidentiality. It did not cover topics such as safeguarding, infection control and prevention, or fire safety.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff; for example, for those reviewing patients with long-term conditions.
- Staff received training that included: chaperoning, infection control and prevention, safeguarding children, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules. Training was outstanding for fire safety, and we were not provided with evidence of child and adult safeguarding training for a non-clinical member of staff. The practice manager informed us that this training would be received within six weeks of the inspection.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice clinical meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. Appraisals for all staff had not been completed since 2014, and of those we viewed the appraisals had not always been completed appropriately. For example, some appraisal summaries had not been filled in, and an appraisal for a non-clinical member of staff did not include the date on which the appraisal was held.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The lead GP informed us informal meetings took place with other health care professionals on an ad-hoc basis when care plans were routinely reviewed and updated for patients with complex needs.

Good

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was not monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Patients requiring support for weight management, and smoking/substance misuse cessation were signposted to a relevant local support service.

The practice's had an uptake of the cervical screening programme of 81%, which was comparable to the CCG average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test, and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given to children aged under two years ranged from 73% to 93%, and for five year olds from 71% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. This service was not advertised.

All of the 25 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients commented that they felt the practice offered a good service and staff were helpful, polite, caring and treated them with dignity and respect.

We spoke with 11 patients including a member of the practice's patient participation group (PPG). They also told us they were satisfied with the care provided by the practice.

Results from the national GP patient survey published on 7 January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 82% of patients said the GP was good at listening to them compared to the local clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 85% of patients said the GP gave them enough time (CCG average 81%, national average of 86%).
- 85% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 79%, national average 85%).
- 79% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 78%, national average 85%).
- 87% of patients said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to local and national averages. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the local CCG average of 81% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 78%, national average of 85%).

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not speak or understand English. We did not see any notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice's website.

The practice's computer system alerted GPs if a patient was also a carer. The practice did not have a carer's register but had identified 14 patients as carers (0.4% of the practice list). They were not able to demonstrate how they used this information to improve care for carers. There was no written information available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer condolences. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, in September 2015 the practice participated in Greenwich CCG's Year of Care scheme with an aim to improve the management and outcomes of patients with diabetes, chronic obstructive pulmonary disease, heart failure and hypertension. At the time of our inspection, this scheme had not been completed and the practice had not assessed the impact of this scheme on patient outcomes.

- The practice offered a 'Commuter's Clinic' on Tuesday evenings until 8.00pm for working patients who could not attend during normal opening hours.
- They offered telephone consultations and online facilities such as appointment scheduling and repeat prescription requests.
- The practice offered a daily in-house phlebotomy service which could be used by patients and people who were not registered at the practice.
- There were longer appointments available for patients with a learning disability.
- Homeless patients were able to register as patients at the practice to receive continuity of care.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. They were referred to other clinics for vaccines available privately.
- There was no hearing loop to assist patients who had hearing difficulties. We raised this with reception staff who informed us patients who were hard of hearing would usually attend with someone who could help them.
- There were translation services available but this was not advertised to inform patients. There was wheelchair access but there was no system for wheelchair users to alert staff to an emergency in the disabled toilet.

Access to the service

The practice was open from 8.00am to 6.30pm Monday to Friday, and was closed on bank holidays and weekends. Appointments with GPs were available from 9.00am to11.00am and 4.30pm to 6.00pm Monday to Friday. Appointments with the nurse were available between 9.00am and 5.00pm Monday to Friday. Extended hours were available from 6.30pm to 8.00pm on Tuesdays.

In addition to pre-bookable appointments that could be booked up to a week in advance, same day urgent appointments were available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages in the following areas:.

- 77% of patients were satisfied with the practice's opening hours compared to the local Clinical Commissioning Group (CCG) average of 78% and the national average of 78%.
- 68% of patients said they could get through easily to the practice by phone (CCG average 73%, national average 73%).

The practice was rated below average in the following area:

- 65% of patients were able to get an appointment with a GP or nurse when they needed it (CCG average 71%, national average 76%).

There were comments on four out of the 29 comment cards we reviewed, and from eight out of the 11 patients we spoke with during the inspection, regarding difficulties getting appointments. The practice manager and lead GP informed us they had implemented telephone consultations, and they were recruiting an additional GP in an effort to improve access to appointments for patients.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The practice did this by contacting patients or their carers in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that

Good

Are services responsive to people's needs?

(for example, to feedback?)

it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that the practice's complaints protocol was displayed in the waiting area to help patients understand the complaints system.

We looked at four complaints received in the last 12 months and found they were dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following a complaint regarding a miscommunication about an appointment, the patient received a full apology. The complaint was discussed with staff and processes were put in place to prevent a similar re-occurrence.

Are services well-led?

Inadequate

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice leaders described a vision to deliver high quality care and promote good outcomes for patients, but this was not demonstrated in all areas during the inspection.

- The practice had a mission statement. It was not displayed in the waiting areas but all staff we spoke with knew and understood the vision.
- The practice had a strategy. They described plans to strengthen their patient participation group, remodel their waiting area and appoint a new GP partner. A partner was due to begin the process of accreditation to become a GP trainer at the practice. The practice did not have documented business plans to support and monitor the strategy and vision.

Governance arrangements

The arrangements for governance and performance management do not always operate effectively and did not always support the delivery of the practice's vision.

- A comprehensive understanding of the performance of the practice was not maintained by all staff. For example, the lead GP told us they were not aware of areas of the Quality Outcomes Framework in which they had performed below local and national averages in the previous year, and they were not aware that the practice participated in local and national benchmarking.
- Risks and issues were not always dealt with appropriately or in a timely way. For example:

  Four actions identified as being of medium risk had not been addressed from a fire risk assessment conducted in 2010, and the risk assessment had not been repeated since. The practice did not conduct regular testing of fire alarms. They had not ensured staff received regular fire safety training, as recommended in the fire risk assessment, although this training was received by all staff after the inspection.
- The practice had not conducted a risk assessment for the control of substances hazardous to health.
- Appraisals had not been conducted since 2014 to assess the performance and progression of staff.
- Recruitment arrangements were not robust; the practice had not taken adequate steps to assure themselves that all newly recruited staff were of suitable character prior to commencing employment at the practice.
- Practice specific policies were implemented and were available to all staff; however, there was no policy in place for safeguarding adults.
- There was a clear staffing structure but there was no lead in place for safeguarding adults.
- Not all staff were aware of their own roles and responsibilities. A non-clinical member of staff informed us they made entries into the medical records of patients who attended flu vaccination clinics, in instances where nurses had not entered the necessary information. This had not been done in the presence of the nurses, and had not been transcribed from a detailed list of instructions about the treatment administered which would have included whether consent had been sought, the batch numbers, expiry dates and injection sites of vaccines administered and any adverse reactions to the vaccines. Practice leaders did not demonstrate that they had investigated these instances or implemented processes to prevent them from happening again. We addressed this with the practice manager and lead GP who gave us verbal assurances during the inspection, and written assurances afterwards, that they would implement protocols to make the necessary improvements.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

Leadership and culture

On the day of inspection, not all leaders in the practice demonstrated they had the capacity and capability to run the practice. However, staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with

Are services well-led?

Inadequate

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place but not all staff felt their views were supported by management.

- Some staff told us they were involved in discussions about how to run and develop the practice. They told us they had the opportunity to raise any issues at team meetings; they felt confident in doing so but not all of them felt their views were valued when they had identified areas for improvement to the service delivered by the practice.
- Staff told us the practice held regular minuted team meetings. They also held weekly clinical meetings at which clinical staff shared learning, but these were not minuted.
- All staff members we spoke with said they felt respected by the practice leaders.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from staff through staff meetings and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management; however, not all staff felt involved and engaged to improve how the practice was run.
- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, in response to feedback from the PPG the practice changed its appointments system in 2015 to allow for more same day bookable appointments to be made. The practice told us patients had responded positively to this change.
- In the waiting area, the practice displayed results from its most recent friends and family test, including actions it was taking to make improvements.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The provider had not done all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. • They had failed to address risks that had been identified from the fire risk assessment. • They had failed to repeat the risk assessment at an appropriate interval to monitor fire risk. • They had failed to conduct regular tests of the fire alarm systems to ensure they were in good working order. This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** The provider had failed to establish and operate effective recruitment procedures. • There were no documented references in place to assure themselves that newly-recruited staff were of good character prior to them commencing employment at the practice. This was in breach of regulation 19 (1)(a) (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The provider failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.